

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577640

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
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19						
20						
21			1		1	
22				1		1
23				1		1
24				1		1
25				1		1
26				1		1
27				1		1
28				1		1
29				1		1
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31				1		1
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48						
49						
50						
TOTAL IND.	2	↓	1	↓	1	↓
TOTAL DEP.	12	←	12	←	12	←
TOTAL CLAIMS	14		13		13	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						